

Missouri's Enhanced Sampling Program (ESP)



User's Guide

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TABLE OF CONTENTS

1.0	Introduction	1
1.1	Program Background	1
1.2	User Implementation Guide	1
1.3	Project Phases	1
1.4	Department of Revenue Project Contacts	2
1.5	Administrative Rules	2
2.0	Reporting Specifications	3
2.1	Insurance Business Plan Requirements	3
2.2	Insurance Record Reporting Process	4
2.3	Data Reporting Requirements	4
2.4	Electronic Reporting Specifications	5
2.5	Non-Electronic Reporting Specifications	5
2.6	Administrative Rules/Reporting Requirements	6
2.7	Data Elements to be Reported	7
2.8	No Business Report	7
3.0	System Architecture	8
3.1	Overview	8
3.2	Internet Reporting	8
3.3	Magnetic Media Reporting	11
3.4	Paper Format Reporting	13
3.5	Error Processing	13
4.0	Data Element Specifications	14
4.1	Data Element Definitions and Validation Rules	14
4.2	Error Codes	17
5.0	Testing	18
5.1	Overview	18
5.2	Objectives	18
5.3	Connectivity Testing	18
5.4	Magnetic Tape or Diskette Testing	19
5.5	Missouri Format Standards Compliance Testing	19
5.6	Certification Process	19
	GLOSSARY	20

APPENDICES	22
A -- Missouri Flat File Data Element Layout and Description	23
B -- Missouri Flat File Error File Layout and Description	27
C -- Error Codes and Corrective Action	31
D -- Missouri Flat File Format Sample Data	33
E -- Reserved for Future Use	34
F1-- Sample Data Entry Form Header Sheet	35
F2-- Sample Data Entry Form	36
G -- Sample Missouri Insurance Partners Information Sheet	37
H -- Internet Web Page Screens	39
I -- Internet Spreadsheet Screens	42
J -- Media Control Number	45
K -- Magnetic Media Label Sample	46

1.0 Introduction

1.1 Program Background

In 1999, the Missouri General Assembly passed Senate Bill 19 that established the Motorist Insurance Identification Database (MIIDB.) The purpose of this program was to reduce the number of uninsured motorists in Missouri. The MIIDB would identify uninsured motorists, notify them that they were identified as not having insurance, give them an opportunity to prove they were insured, and, if not, suspend their vehicle registration.

During the preparation of the Fiscal Year 2001 Budget, the program's cost far exceeded available resources and the state explored other simpler and less expensive approaches to reduce the number of uninsured motorists. A more cost-effective idea was agreed upon that would only send notices to a sample of the individuals identified as not having insurance.

In the 2000 session of the Missouri General Assembly, House Bill 1797 (HB 1797) was passed, and the Governor signed it into law on July 12, 2000. This bill is also aimed at reducing the number of uninsured motorists in Missouri. HB 1797 provides the DOR with a mechanism to build and operate an insurance sampling program. The bill also corrects the date inconsistencies contained in Senate Bill 19 and provides a funding mechanism for the MIIDB.

1.2 User Implementation Guide

The purpose of this guide is to provide insurance companies with the information needed to comply with Missouri House Bill (HB) 1797, dated July 12, 2000. HB 1797 authorizes Missouri's Department of Revenue (DOR,) Division of Motor Vehicle and Driver Licensing (DMV/DL) to establish and implement a system whereby each insurer or provider can report insurance policy information to the DMV/DL at least once a month. The sampling process authorized by this statute, and developed by the DMV/DL, is referred to as Missouri's *Enhanced Sampling Program (ESP)*.

NOTE: This guide will provide a mix of business and technical information to define when and how insurance information will be transmitted between the DOR and the insurance companies.

1.3 Project Phases

The project contains the following phases:

- ❑ Establish an ESP Working Group consisting of appropriate state representatives, industry representatives, and vendor if applicable.
- ❑ Schedule ESP Working Group/Technical Issues Group meeting dates.
- ❑ Publish ESP program requirements.

- ❑ Conduct independent testing of state and insurers' programs.
- ❑ Integrate testing between state and insurers.
- ❑ Begin regular data reporting.
- ❑ Begin validation of the insurance verification process.
- ❑ Establish a post-implementation Review and Evaluation Process.
- ❑ DOR will provide regular, ongoing feedback to insurance companies on transactions received, number accepted, error trends, etc.

1.4 DOR Project Contacts

For all e-mail communications regarding the ESP, send to:

Enhanced.Sampling@dor.mo.gov

For telephone inquiries, please call the “*ESP Hotline*” at **573-751-5578**.

1.5 Administrative Rules

DMV/DL developed, and the State of Missouri adopted, Administrative Rules to implement the Missouri ESP program. The rules, developed with input from the insurance industry, clarify and expand on the statute's requirements for implementation of the ESP. The administrative rules pertaining to the ESP program are 12 CSR 10-25.140 *Financial Responsibility – Inoperative/Stored Vehicles* and 12 CSR 10-25.150 *Financial Responsibility Sampling*.

2.0 Reporting Specifications

2.1 Insurance Business Plan Requirements

In order to implement the ESP process for submitting insurance transaction records, each insurance company must determine what methodology is best for them and then develop in-house procedures necessary to comply with the requirements of the program. One possible solution is to create a business and technical plan.

The plan should contain the following activities at a minimum:

- ❑ Identify your company's project manager(s) and technical contact(s) during the development and implementation phase and inform DOR
- ❑ Review this entire document to determine if and how each section applies to your company.
- ❑ Develop a project management implementation timeline that includes specific benchmark dates.
- ❑ Determine the reporting method of transmission that is best for your company.
- ❑ Develop an overview of system architecture development that includes a process to handle records returned to the company for error correction.
- ❑ Identify what platform will be used for the application (mainframe, midrange, personal computer, etc.)
- ❑ Complete the "*Missouri Insurance Partners Information Sheet*" (MIPIS,) Appendix G. It is important to submit this form as soon as possible AND anytime the information on it changes. The DMV/DL must receive your completed forms before certification testing with your company can begin. Information to be reported on the MIPIS includes:
 - ⇒ Your insurance company's official name, National Association of Insurance Commissioners (NAIC) code, and main office address, phone and fax numbers.
 - ⇒ Contact information for the employee who is responsible for business and policy decisions.
 - ⇒ Contact information for the employee who is responsible for the technical aspects of the program (usually an IT person).
 - ⇒ The preferred method of submission and an estimate of the number of records your company will submit. Your company is not bound by the method indicated on your MIPIS. This information is designed to give DMV/DL an idea of the number of records to expect and what media will transmit them to the DMV/DL.

- ⇒ Notify DOR of the date your company will be ready to conduct certification testing.

2.2 Insurance Record Reporting Process

Reporting is required once a month. Include in the data transmitted to the DMV/DL all private passenger motor vehicle liability policies your company has in force (vehicle is covered by liability insurance) at the end of the month. If multiple vehicles are included on one policy, multiple records are required.

DOR must receive data from the *prior* month no later than close of business (COB) on the seventh (7th) working day of the *following* month. Thus, the data for August 2004 will reflect only the policies in force on August 31, 2004 and the data must be received by the DMV/DL by COB on September 10, 2004. The date range is the first day of the month, through, and including, the last day of the month.

The data should include all information specified in the Data Element Descriptions outlined in Appendix A. This data may be submitted using any authorized media type described by this document (See sections 2.3 & 2.4 below.) Once the data is uploaded to the mainframe, it will be format checked and verified for accuracy. If required, an error file (See Appendix B for layout) is generated that contains error codes described in Appendix C. The error file is returned to the insurance company using the same media by which it was received.

Insurers must correct individual record errors and submit the corrected record in the following month's report. **However, if an entire file is unusable (hard error), the DMV/DL will identify the error(s) causing the problem to the company, and the company must correct them and retransmit the entire file to DMV/DL within five (5) working days of the notification. For hard errors, DMV/DL will only return the header record and the appropriate error codes.**

2.3 Data Reporting Requirements

The following list addresses some of the data reporting requirements for insurance companies:

- ❑ If a policy covers more than one vehicle, submit a record for each vehicle.
- ❑ Insurers will follow the record layout reporting requirements for the Missouri Flat File Format as described in this document.
- ❑ Insurers may report via Internet file transfer using Secure Socket Layer (SSL), cartridge tape, diskette, CD ROM, interactive web-based spreadsheet or paper (in special circumstances). Selection of the reporting medium is at the discretion of the reporting company, as long as it complies with all requirements outlined in this document.
- ❑ Insurers will submit files to DMV/DL by the seventh (7th) working day of the month following the month being reported.
- ❑ Submit complete VIN information for all vehicles along with model year and make.

- ❑ If the first named individual on the policy does not have a Drivers License Number (DLN) or a Social Security Number (SSN,) please send the first named insured with a DLN or a SSN.
- ❑ Report all active private passenger motor vehicle policies in effect (liability coverage is in effect) at 11:59 PM on the last day of the month for the reporting month period.

DOR will notify insurers before any changes in the ESP operating and reporting procedures become effective.

2.4 Electronic Reporting Specifications

Insurance companies can electronically report data to the DOR using various media. They include 3.5” diskette, read-only CD-ROM, 3480/3490-cartridge tape, Internet file transfer using SSL, and interactive web-based spreadsheet. The interactive web-based spreadsheet and instructions for completing it can be found at <http://dors.mo.gov/dmv/esp/index.htm> and Appendix I. Only insurers with fewer than **100 active policies** may utilize this reporting method (*The number of vehicles reported may exceed 100.*)

Send all 3.5” diskettes, read-only CD-ROMs and 3480/3490-cartridge tapes to:

**Department of Revenue
Division of Motor Vehicle & Drivers Licensing
ATTN: Enhanced Sampling Program
P. O. Box 3366
301 West High Street, Room 270
Jefferson City, MO 65105**

NOTE: *If you are utilizing the U.S. Postal Service, it is essential to include the ESP-specific P.O. Box 3366 to ensure proper routing to the DMV/DL. Parcel services do not use a P.O. Box Number, but require a street address.*

2.5 Non-Electronic Reporting Specifications

For insurance companies with fewer than 100 active policies, the DMV/DL will accept a paper copy of pre-approved reporting forms. The steps involved in processing paper are:

- ❑ Complete a “Data Entry Header Sheet” (Appendix F1) and a data entry form (Appendix F2) for each VIN number that must be submitted.
- ❑ Mail completed forms to the address shown on the “Data Entry Form.”
- ❑ DMV/DL personnel will enter the information from each form into the ESP system and the data will be validated for content errors. The DMV/DL personnel will attempt to correct the problem or will reject the submission back to the company.
- ❑ The ESP system will then process valid records.

Send all non-electronic reporting to:

**Department of Revenue
Division of Motor Vehicle & Drivers Licensing
ATTN: Enhanced Sampling Program
P. O. Box 3366
301 West High Street, Room 270
Jefferson City, MO 65105**

NOTE: *It is essential to include the ESP-specific P.O. Box 3366 to ensure proper routing to the DMV/DL.*

NOTE: *Parcel services do not use a P.O. Box Number, but require a street address.*

In lieu of paper reporting, DOR strongly recommends use of the interactive web-based spreadsheet (Appendix I), as it will require less effort to maintain and submit each month.

2.6 Administrative Rules/Reporting Requirements

At least monthly, all companies shall report all vehicles covered by in-force private passenger motor vehicle liability policies on vehicles principally garaged in Missouri. This transmission shall be made by the seventh (7th) working day of the month for the previous month's reporting period. (E.g., the reporting period 08/01/2004 through 08/31/2004 would be transmitted no later than 09/10/2004.) Records will be loaded into the ESP database and compared with previous transmissions to determine coverage additions and cancellations.

The only privately owned passenger motor vehicle classifications (NOT COVERED BY A COMMERCIAL line policy) that must be reported are:

- ☐ Passenger vehicles, e.g., cars, vans and SUVs. (ATVs, trailers, golf carts or snowmobiles are NOT reported.)
- ☐ Trucks less than 18,000 pounds
- ☐ Motorcycles
- ☐ Motor tricycles
- ☐ Recreational vehicles

Companies should not report:

- ☐ Transactions that are not required by, excluded by, or specifically prohibited by statute or regulation.
- ☐ Multiple submissions of the exact same transaction record within the same transmission.

- ❑ Transactions for quotes/binders when the policy of liability insurance never took effect.
- ❑ Multiple submissions of the same month's data UNLESS resubmitting it as the result of a previously rejected submission for that month due to a hard error.

2.7 Data Elements to be Reported

Appendix A is a table of data elements that includes: field lengths, whether required or optional, field characteristics (alpha, numeric or alpha/numeric), and field descriptions.

2.8 No Business Report

If an insurance company discontinues writing private passenger liability insurance policies in Missouri, and no longer has any active liability policies that meet the criteria in Section 2.6 above, it must still comply with all applicable Missouri Department of Insurance requirements and also notify the ESP system immediately.

There will be no need for making subsequent data submissions until the company begins writing private passenger liability policies in Missouri. Upon notification by the Department of Insurance, DMV/DL will update its tracking database and the insurance company will be removed from the transmission list.

3.0 System Architecture

3.1 Overview

The Missouri DMV/DL's ESP processes private passenger (non-commercial) motor vehicle liability policy information reported to the state by all insurance companies which provide this insurance on vehicles principally garaged in Missouri. The DMV/DL developed the ESP to simplify the sending and receiving of this policy information. Record layout requirements are found in Appendix A.

Companies may report policy information using one of the following media types:

- ☐ Internet file transfer using SSL *
- ☐ Diskettes (3.5" / 1.44mb / 2HD) *
- ☐ Read-Only CD ROM (700mb) *
- ☐ Cartridge Tapes (3480/3490) *
- ☐ Web-based interactive spreadsheet using SSL *
- ☐ Manual (paper) format *

* **NOTE:** Not all media types will be accepted from all insurance companies. If an insurer has fewer than 100 policies in force, the Manual (paper) format or Web-based interactive spreadsheet may be used. However, the DMV/DL strongly recommends that all companies, regardless of the number of policies that they are reporting, utilize some form of electronic reporting whenever possible. Insurers with 100 or more policies in force have the option of the other media types (Internet or magnetic).

The processes for reporting the information differ slightly for each of the media types; however, the data that is reported is the same.

3.2 Internet Reporting

The DOR will maintain an Internet web page at <http://dors.mo.gov/dmv/esp/index.htm> (Appendix H.) This web page will have two parts: a public side and a private side secured by a password. The transmission will use the encryption provided by SSL that uses Global Server ID Technology. The public side will contain general information (this manual, the Missouri Insurance Partners Information Sheet, periodic project updates, etc.) To submit data to the DMV/DL will require access to the private side. The instructions and screens necessary for a company to submit their monthly data file, a page where a company's reporting status can be checked (only by that company) and where the interactive web-based spreadsheet can be accessed are located on the private side.

Monthly data using the Missouri Format can be sent to the DMV/DL via file transfer using the SSL security protocol. Companies ***with less than 100 policies in force*** (*which could represent more than 100 vehicles*) can also submit data in the Missouri Format using an interactive web-based spreadsheet.

The Web-based data entry spreadsheet can be used instead of sending paper-based Data Entry forms to ESP. Data entered into the spreadsheet will be stored on the ESP system and made accessible to the website. In order to use the web-based data entry spreadsheet, companies must have access to the Internet, be a valid ESP Insurance Partner that has stated the preferred method of transmission is spreadsheet on the MIPIS form, and have less than 100 policies in force.

Users will be allowed to create a new spreadsheet or retrieve an existing spreadsheet to be used as the basis for the next period's submission. The spreadsheet will be blank for first-time users. For current users, the spreadsheet will contain the last processed policyholder information. When this information is retrieved it can be deleted, changed, or new policy information added from month to month.

The Header and Trailer portions for the files will be supplied by the spreadsheet. They are automatically configured by the system when the user is finished updating their record information.

NOTE: DOR reserves the right to require a company with large document volume to use magnetic tape for reporting.

Once received, each data record is examined for accuracy and proper format. If errors are found, they will be posted on the company's own Partner Account Information page located on the private side. Companies will need to access this page to determine which errors require correcting, if any. Hard errors require correction and resubmission of the entire transmission to the DMV/DL within five (5) working days of receipt.

Validated records (including those with "Soft" errors) are allowed to enter the DMV/DL ESP system for further processing. Information regarding the transmission (from whom, number of records, number of errors, etc.) is recorded to a tracking database for processing by the ESP system.

Insurance companies will be responsible for obtaining their own Internet service provider.

Before data can be submitted by either the file transfer via SSL or spreadsheet, you must establish a (XX alphanumeric) password for each NAIC for which you will be reporting. To do so, please email your selection to "Enhanced.Sampling@dor.mo.gov". Use "Password" as the message subject. In the body of the message, include all NAICs and a unique password for each. DOR personnel will enter your password in the DOR's ESP Tracking System that will enable your access to the "private" side of the ESP web page.

The following procedures will facilitate your testing.

1. Access the ESP web page at "<http://dors.mo.gov/dmv/esp/index.htm>." to familiarize yourself with the layout of the page.
2. At the bottom of the page select "*ESP Services Sign-on*." This will bring you to the menu page.
3. To **send a monthly data file** to DOR, select "*FTP Transfer To ESP*."
 - (a) Select "**Browse**" and determine the location of the file you will be sending to DOR.
 - (b) Once the proper file is selected, click "**Submit**."
 - (c) If transfer is successful, you will receive a "**File Upload Complete**" message.
 - (d) If transfer is unsuccessful, you will receive an appropriate "**Error**" message.
4. If you want to check on your company's reporting status/recover errors, select "**Review ESP Account Info**."
 - (a) Ensure you enter your company's NAIC and the applicable password. Click the "**Submit Form**" button.
 - (b) Here you will see a listing of previous data submissions that have been processed. The last one listed is the most current submission. If you are allowed to download the current submission's error report, push the Error Report button.
 - (c) This will display a link that says "**Download**." Press this link to display the error report.
 - (d) The records that were in error are displayed. You can save this page as a text file to your computer (File--Save As--?????.txt)
5. To **enter data into a spreadsheet**, select "**ESP Data Entry Spreadsheet**."
 - (a) Ensure you enter your company's NAIC and the applicable password. Click "**Submit Form**".
 - (b) Upon entering the User ID, NAIC number, and password a screen will appear asking for the previous Report Begin Date.
 - (i) This is the begin date of the last spreadsheet that was submitted.
 - (ii) If there was no previous spreadsheet submission, enter the report begin date for the current submission.
 - (c) The spreadsheet displays the detailed policyholder information that was submitted during the previous reporting period for current users or a blank spreadsheet for new users.
 - (d) Before entering the detail information for your report, you will be required to provide three dates: *Report Period Start* (always use the first day of the month), *Report Period End* (always use the last calendar day of the month) and *Submission Date* (today's date.)
 - (i) The format to use is "YYYY-MM-DD."
 - (ii) You must include a dash between the year and month and the month and the day.
 - (iii) Failure to include the dash will result in an error.
 - (e) When submitting your first report, you will be required to enter all required data for all your insured vehicles. For subsequent reports, you will only need to add or delete information that has changed.
 - (f) Before you submit the data, perform one final edit to insure all data is correctly entered. Following this review, click "**Submit**."

- (g) After you submit your data, you may re-access your spreadsheet again that day to delete data, add data or make corrections to the data **up until 5PM** Central Time. At that time, the ESP program will submit your data for processing and it will no longer be available for correction.
 - (h) By clicking the “**Submit**” button, the data entered in the spreadsheet is automatically stored within the ESP system.
6. If you want to check on your company’s reporting status/recover errors, select “*Review ESP Account Info*”.
- (a) Ensure you enter your company’s NAIC and the applicable password. Click the “Submit Form” button.
 - (b) Here you will see a listing of previous data submissions that have been processed. The last one listed is the most current submission. If you are allowed to download the current submission’s error report, push the Error Report button.
 - (c) This will display a link that says “*Download*”. Click on this link to display the error report.
 - (d) The records that were in error are displayed. You can save this page as a text file to your computer (File--Save As - “*?????????.txt*”)

3.3 Magnetic Media Reporting

Magnetic media may be sent to DMV/DL using either standard 3.5” diskettes, CD-ROMs (read-only) or 3480/3490 cartridge tapes. The data, regardless of the media type used, is processed in the same manner.

- The following are magnetic tape specifications:
 - ⇒ 3480/3490 tape cartridges
 - ⇒ EBCDIC, UPPERCASE
 - ⇒ Record Length = 350
 - ⇒ Block Size = 31,500 (350x90)
 - ⇒ Created with a Standard Internal Label
 - ⇒ Must be non-compressed data
 - ⇒ Volume Serial = any 6 character alpha/numeric combination
 - ⇒ External Label = see Appendix K
- The following are diskette specifications:
 - ⇒ ASCII text format
 - ⇒ UPPERCASE
 - ⇒ Record Length = 350
 - ⇒ 3.5 inch/1.44 mb/2HD
 - ⇒ One file per diskette (<3500 policies)
 - ⇒ Please use “ESP_DATA_mmyyyy.txt” as the filename
 - ⇒ External Label = see Appendix K
- The following are CD-ROM specifications:
 - ⇒ Read Only
 - ⇒ ASCII text format
 - ⇒ UPPERCASE

- ⇒ Record Length = 350
- ⇒ 700mb
- ⇒ One file per CD-ROM
- ⇒ Please use “ESP_DATA_mmyyyy.txt” as the filename
- ⇒ External Label = see Appendix K

The ESP system will process these media as follows. The media is received by DMV/DL staff that then submit the data to the State Data Center for processing in the ESP program. If the media is unreadable or a hard error is detected, the ESP system rejects the entire transmission. The ESP system generates a report and DMV/DL returns the media to the insurance company for correction. The insurance company must resubmit the entire data transmission to the DMV/DL within **five (5)** working days of receipt.

Please send all magnetic media reporting types to:

**Department of Revenue
Division of Motor Vehicle & Drivers Licensing
ATTN: Enhanced Sampling Program
P. O. Box 3366
301 West High Street Room 270
Jefferson City, MO 65105**

NOTE: If you are utilizing the US Postal Service, it is essential to include the ESP-specific P.O. Box 3366 to ensure proper routing to the DMV/DL. Parcel services do not use a P.O. Box number, but require a street address.

When the data submission is readable, the ESP system processes it for individual record accuracy and content. If the ESP system detects an error (“soft” error) in a data record, the error is written to the error file for subsequent reporting to the insurance company. The ESP system also retains the record for processing.

The ESP system generates a report that outlines specific data errors discovered during processing. The system returns error records to the insurance company via the same media type by which they were provided to DMV/DL.

The ESP system will not return error-free submissions to the reporting company, but will confirm the receipt and status of the delivery on the company’s Partner Account Information page on the ESP website.

All magnetic media (diskettes, CD-ROMs, and tapes) must be externally labeled (See Appendix K) using a Media Control Number (MCN) derived from the header record information. This number will uniquely identify the media type and who submitted it. DMV/DL will use the MCN to track the data it receives. When DMV/DL submits data to an insurance company, it, too, will use a MCN. Appendix J illustrates how the MCN is derived.

3.4 Paper Format Reporting

For insurance companies with ***fewer than 100 active policies*** (***which could represent more than 100 vehicles***), the DMV/DL will accept paper copies of pre-approved forms (Submission must include a header sheet and one data sheet for each record. See Appendix F1 and F2.)

The steps involved in processing the paper formats are as follows:

- ❑ Complete and mail forms to the DMV/DL address shown below:

**Department of Revenue
Division of Motor Vehicle & Drivers Licensing
ATTN: Enhanced Sampling Program
P. O. Box 3366
301 West High Street Room 270
Jefferson City, MO 65105**

NOTE: If you are utilizing the US Postal Service, it is essential to include the ESP-specific P.O. Box 3366 to ensure proper routing to the DMV/DL. Parcel services do not use a P.O. Box number, but require a street address..

- ❑ The information must be sent to the DMV/DL by the seventh (7th) working day of the month.
- ❑ DMV/DL personnel will then enter the information from each form into the ESP system.
- ❑ DMV/DL personnel may attempt to correct the problem(s) or they can reject the entire submission of the hard copy forms.

The ESP system will process all records that pass the validity check.

The DMV/DL encourages companies to use electronic alternative methods rather than manual reporting. The primary alternative method offered is the interactive web-based spreadsheet. Companies may also submit information using magnetic tape, diskettes, CD ROMS or via file transfer using SSL.

3.5 Error Processing

Appendix C contains a list of possible error codes. If an entire data transmission is unreadable or unusable, the DMV/DL will code it as a “hard” error, reject the transmission and notify the company of the reason for the rejection. The company must correct the problem and resubmit the entire file within **five** (5) working days of receipt.

Individual records with a “soft” error are returned to the insurer with appropriate “soft” error information. DMV/DL will return the error file to the company using the same media by which the DMV/DL received them. “Soft” errors do not require immediate correction or any

further transmissions on the insurance company's part until the next scheduled reporting period.

4.0 Data Element Specifications

This section defines each of the data elements and the validation rules for them. This includes data dependencies and allowable values for the data elements.

Data element validation rule violation(s) may require the DMV/DL to reject an entire transaction set or a single document record. As used within the ESP, this is a "hard" error. All hard errors require record correction(s) and resubmission of the entire transmission to the DMV/DL within **five** (5) working days of receipt. Validation rules require that all required data elements are present and in the proper format. Missouri statute or administrative rules specify the data elements to be reported and they are needed for the DMV/DL to make a proper match.

The transaction set may also produce "soft" errors, defined previously as errors in an individual data element. The DMV/DL will accept the document and notify the insurer that there *may be* a problem with a particular data element. When returned to the insurance company, "soft" errors must be reviewed and the data element corrected in the insurer's file. "Soft" errors do not require the insurer to resubmit the corrected record to the DMV/DL. These corrected records will merely be reported as part of the following month's record set.

Following receipt of the transaction set, the DMV/DL will retain records that pass all validation rules (those without "hard" errors) in the insurance database. At this time, Missouri does not tie data validity and record retention to matching a vehicle record in the existing DMV/DL database. However, in the future, the DMV/DL will integrate the ESP with its vehicle registration system.

4.1 Data Element Definitions and Validation Rules

- ❑ **Transmission Method:** This is the method by which a trading partner sends data to the DMV/DL. This data is necessary so the DMV/DL can return the error file to the insurance company via the same media. If this field is blank, or the data is invalid, the **entire transmission will be rejected** and returned to the insurer as a hard error. Transmission (media) options are:

- **T** = Tape
- **D** = Diskette
- **C** = CD-ROM
- **S** = Interactive web-based Spreadsheet
- **I** = Internet File Transfer using Secure Socket Layer
- **P** = Paper (only available to insurance companies with less than 100 active policies who wish to submit pre-approved hard copy forms for the DMV/DL to data enter.)

- ❑ **Insurance Company Number:** This is the **NAIC** number that uniquely identifies the insurance company that is reporting and not the group member that is doing the reporting. The DMV/DL will maintain a listing of each insurance company that completes its certification testing and is therefore identified as a trading partner. The insurance company must contact the DMV/DL to become certified as a trading partner. The DMV/DL will reject the entire transaction set if the insurance company is not on record as a certified trading partner. (See Section 5.6 for certification procedures.)
- ❑ **Reporting Period – Begin:** This is the first day of the reporting period, must be the first day of the month. This field is also used to create the Media Control Number (MCN), as well as, to track submissions by the insurance companies for compliance monitoring. If this date is invalid, it results in a “hard” error. The DMV/DL will notify the trading partner of the error. The trading partner must correct the error and resubmit the entire corrected transmission within five (5) working days of receipt.
- ❑ **Reporting Period – End:** This is the last day of the reporting period, must be the last day of the month. This field is also used to create the MCN Number, as well as, to track submissions by the insurance companies for compliance. If this date is invalid, it results in a “hard error.” The DMV/DL will notify the trading partner of the error. The trading partner must correct the error and resubmit the entire corrected transmission within five (5) working days of receipt.
- ❑ **Transmission Date:** This is the date that the insurance company **submits** the transaction set to the DMV/DL. If this date is invalid, it results in a “hard” error. The DMV/DL will notify the trading partner of the error. The trading partner must correct the error and resubmit the entire corrected transmission within **five** (5) working days of receipt.
- ❑ **Transaction Type:** Currently, there is only one option for this field, “**F**” for a “full” load (entire book of business.) The DMV/DL may add other transaction type options in the future.
- ❑ **Policy Number:** This is the insurance policy number, including prefixes and suffixes. It must be included with each transmission. Since a trading partner submits a full book of business each month, the ESP process will compare these monthly transmissions and recognize any change in policy number information. If this data is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Policy Effective Date:** This is the date that insurance coverage took effect. This field is required. If it is missing, is an invalid date, or a future date the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Policy Termination Date:** This is the date the insurance coverage is or will no longer be effective. This field is required. If data is present, the ESP system will validate the entry. If the date is invalid, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.

- ❑ **Vehicle Make:** This is the manufacturer of the vehicle. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Vehicle Year:** This is the 4-digit model year of manufacture of the vehicle. If this field is missing or invalid, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Vehicle Identification Number (VIN):** Include the full (currently, 17 characters) VIN for vehicles manufactured in 1981 and after. The ESP system will accept less than the full (17) character VINs for vehicles manufactured prior to 1981. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission. The DMV/DL will not perform VIN validity checking until the ESP is integrated with its vehicle registration system.
- ❑ **Policy Owner Date of Birth:** This is the date of birth for the named insured on the policy that is being reported. If this field is invalid or missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Policy Owner Last Name:** This is the last name of the named insured on the policy that is being reported. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission. If an individual legally has only one name, enter it in this field.
- ❑ **Policy Owner First Name:** This is the first name of the named insured on the policy that is being reported. This is an optional field.
- ❑ **Policy Owner Middle Name:** This is the middle name, or initial, of the named insured on the policy that is being reported. This is an optional field.
- ❑ **Policy Owner Suffix:** This is the suffix of the named insured on the policy that is being reported. This is an optional field.
- ❑ **Policy Owner Address 1:** This is the street or P.O. Box address of the named insured on the policy that is being reported. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Policy Owner Address 2:** This is for additional address information, such as, apartment number, suite number, etc.
- ❑ **Policy Owner City:** This is the resident city for the address of the named insured on the policy that is being reported. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.

- ❑ **Policy Owner State:** This is the resident state for the address of the named insured on the policy that is being reported. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Policy Owner Zip Code:** This is the USPS ZIP Code associated with the address of the named insured on the policy that is being reported. A 5-digit ZIP Code is required at a minimum. If the 9-digit ZIP Code (or “ZIP+4”) is used, **the dash or space must be omitted**. Either the 5- or the 9-digit format is acceptable. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.

NOTE: For addresses **outside** the United States, (excluding APO and FPO addresses) the insurance company should enter the:

- ***street address*** in the 1st address field,
- ***city name*** in the 2nd address field,
- ***country name*** in the city name field
- ***“XX”*** in the state code field

- ❑ **Policy Owner Licensing State:** This is the state, using nationally recognized USPS abbreviations, from which the named insured’s driver’s license was issued. If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission. If the policy owner’s address involves a country outside the United States, use ***“XX”*** in this block.
- ❑ **Policy Owner DL Number:** This is the driver’s license number of the named insured on the policy that is being reported. **If the insured is not licensed, this field is not required but the Social Security Number (SSN) field must be included.** If this field is missing and the SSN is also not present, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Policy Owner Social Security Number:** This is the SSN for the named insured on the policy that is being reported. **This field is only required if the insured does not have a current, active driver’s license number.** If this field is missing, the DMV/DL will report it as a “soft” error on the error report and the trading partner must correct it in the following month’s data submission.
- ❑ **Insurer Use Only:** This field is optional and may contain up to 10 characters of information for insurer use as specified by the insurer.
- ❑ **Filler:** To make all Missouri Flat File Format records the same size, **“blank”** fillers are need to be added to bring the record length to 350 characters.

4.2 Error Codes

Appendix C is a listing and explanation of error codes and corrective actions.

5.0 Testing

5.1 Overview

Any entity sending insurance information to the DMV/DL is known as a “trading partner.” A trading partner may be an insurance company, an insurance group (submitting data for more than one insurance company) or a third-party service bureau (vendor) that sends monthly data to the DMV/DL on behalf of one or more insurance companies.

To become a trading partner, an entity must meet all the business and system requirements, along with completing the testing defined below.

Insurance companies filing paper forms or spreadsheets are not exempt from the testing process. They, too, will require certification as a trading partner.

A trading partner could be involved in as many as four tests:

- ❑ Connectivity Testing: Ensuring that the two-way message transmission/receipt/error processing via the Internet meets design criteria.
- ❑ Magnetic Media Testing: Ensuring that submissions meet the defined tape, diskette, or CD-ROM criteria.
- ❑ Transaction Format Testing: Checking the Missouri Format data for proper formatting and the trading partner’s ability to receive and process errors.
- ❑ Certification Process: Testing of data submitted by trading partners for errors (correctness and completeness.)

5.2 Objectives

The objective of each test phase is to provide a comprehensive testing opportunity for trading partners and the DMV/DL. Trading partners should use their current production system and live data to generate Missouri Flat File formatted records for transmission to the DMV/DL. They will transmit these records to the DMV/DL via the USPS, an express delivery service, through their Internet service provider or through a servicing agent, as appropriate. Each test phase should simulate normal production practices as much as possible and utilize their full book of business.

5.3 Connectivity Testing

There are several popular methods of communication currently in use. The following describes the general steps that will need to be completed:

- SSL file transfer and web-based interactive spreadsheet.
- Set up accounts, passwords, and file folders for trading partners on the DMV/DL’s server and for the DMV/DL on the trading partners’ system.

5.4 Magnetic Tape or Diskette Testing

The tape cartridges, CD-ROMs, and diskettes will be checked to determine if they meet the required specifications.

5.5 Missouri Format Standards Compliance Testing

Complete transaction set testing will be done between the trading partner and the DMV/DL to determine that the data sent from one to the other is formatted correctly. The following lists are the basic transaction steps to be tested:

- ❑ The trading partner sends Missouri Format (flat file) data records to the DMV/DL.
- ❑ The DMV/DL sends back the Missouri Format (flat file) data records in error to the trading partner.

5.6 Certification Process

Any insurer with in-force private passenger (non-commercial) motor vehicle liability insurance policies on vehicles, principally garaged in Missouri, must complete the MIPIS form and submit it to the DMV/DL within **ten (10) days** of issuing the first of such policies. A separate MIPIS form is required for each company for which you will be reporting. The DMV/DL must receive the MIPIS form(s) before the certification process can begin.

The certification process consists of the following steps:

- Within **90 calendar days** of issuance of the first reportable policy, the trading partner will send a test file containing the company's full book of business data records using any of the approved transmission media listed on the MIPIS form.
- The DMV/DL will then process this test file.
- The DMV/DL will examine the nature of the errors (if any), note any issues of importance, and pursue necessary remedies with the trading partner. DMV/DL will also return to the trading partner all erroneous records (if any occurred) using that same media used to send the data to the DMV/DL.
- The DMV/DL will continue certification testing with a trading partner if the DMV/DL determines that the error percentage is unacceptable. This phase must be completed within the **30 calendar days** following issuance of the first error report.
- If no errors or only a minimal number of errors are encountered, the DMV/DL will send a certification letter to the trading partner and will then begin accepting and processing subsequent monthly data transmissions.
- Failure to meet the above deadlines may be considered as non-compliance with Missouri law and could result in penalties of up to \$500/day for each day of non compliance.

GLOSSARY

The following is a list of definitions and acronyms used throughout this Users Guide. These definitions are intended to help clarify the terms used.

AAMVA – American Association of Motor Vehicle Administrators. AAMVA is a voluntary, nonprofit, tax-exempt, educational organization of state and provincial officials in the United States and Canada responsible for the administration and enforcement of laws pertaining to the motor vehicle and its use.

AAMVAnet – A network established by AAMVA to provide cost-effective communication networks.

ALIR – Automobile Liability Insurance Reporting.

Data Element – Information fields used in insurance information records.

DLN – Drivers License Number.

DMV/DL – Division of Motor Vehicle & Drivers Licensing. In Missouri, this division is part of the Department of Revenue.

DOI – Department of Insurance

DOR – Department of Revenue.

ESP – Enhanced Sampling Program.

Hard Error – This is an error that causes rejection of the insurance company's entire file transmission. The error must be corrected and the file resubmitted.

IICMVA – Insurance Industry Committee of Motor Vehicle Administration, an AAMVA adjunct committee.

MCN – Media Control Number. A sequence of characters used to uniquely identify a diskette or tape within the Enhanced Sampling Program.

NAIC – National Association of Insurance Commissioners.

NCIC – National Crime Information Center. The NCIC standard is used for describing vehicle make and may be used in the future for cross-referencing.

NICB – National Insurance Crime Bureau. The NICB standard is used for verifying vehicle make and may be used in the future for cross-referencing.

Policy – Motor vehicle *liability* coverage issued by an insurer.

SSL – Secure Socket Layer. A protocol developed for transmitting private documents via the Internet. SSL works by using a private key to encrypt data that's transferred over the SSL connection. SSL creates a secure connection between the client and server over which any amount of data can be transmitted securely.

Soft Error – This is an error in a data sent by an insurance company, but the DMV/DL retains the data in the insurance database file. It is used to notify insurance companies of a problem that will require further action. It does not require correction or any further transmissions on the insurance company's part until the next scheduled reporting period.

SSN – Social Security Number.

State Data Center (SDC) - The central data processing facility, operated by the Office of Administration, used to support DMV/DL operations.

Statistically Insignificant – Companies with less than 100 liability policies in force in Missouri. (See Administrative Rule **12 CSR 10-25.150, *Financial Responsibility Sampling***.)

Technical Issues Group – A working-level group, the ESP Implementation Team made up of representatives from the Missouri Department of Revenue, the Missouri Department of Insurance, Missouri State Highway Patrol and the insurance industry.

Trading Partner – Any entity with which the DMV/DL exchanges insurance policy-related data.

Transmission – A transmission contains all of the information (header/data/trailer) sent or received at one time.

USPS -- United States Postal Service

Working Group -- Established in 1999 by Missouri Senate Bill 19, this is the ESP's policy making/steering group. It is composed of: the directors of the Missouri Departments of Revenue, Insurance, and Public Safety, the Superintendent of the Missouri State Highway Patrol, and representatives of the insurance industry.

APPENDICES

APPENDIX A

Missouri Flat File Data Element Layout and Description

Record #1 (Header) Layout					
Character Position	Data Element	Field Length	Req'd (Y/N)	A, N A/N	Description
1	Record Type	1	Y	A	The first record received, regardless of the media type, will include an "H" for Header record format.
2	Transmission Method	1	Y	A	The method received from the Insurance Company. Options are: T = Tape, D = Diskette, C = CD-ROM, I = Internet file transfer, S = Spreadsheet and P = Paper (for data entry within DOR),
3	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
8	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the <u>first</u> day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the first of the month.
16	Reporting Period - End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the date of the last day of the month. (CCYY0131, CCYY0228 or CCYY0229, CCYY0331, CCYY0430, CCYY0531, CCYY0630, CCYY0731, CCYY0831, CCYY0930, CCYY1031, CCYY1130, CCYY1231)
24	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the seventh (7 th) working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
32	Filler	319	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.
Media Control Number can be concatenated from field information. The result would be 23333344444444445555555556666666 where 2 = field 2, 3 = field 3, 4 = field 4, 5 = field 5, and 6 = field 6.					

APPENDIX A

Record #2 through End-of-Data (Detail) Layout					
Character Position	Data Element	Field Length	Req'd (Y/N)	A,N, A/N	Description
1	Record Type	1	Y	A	The second record through the end-of-data received, regardless of the media type, will include a "D" for Data record format.
2	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the first of the month.
15	Reporting Period - End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the date of the last day of the month. (CCYY0131, CCYY0228 or CCYY0229, CCYY0331, CCYY0430, CCYY0531, CCYY0630, CCYY0731, CCYY0831, CCYY0930, CCYY1031, CCYY1130, CCYY1231)
23	Transmission Date	8	Y	N	Files for the preceding month will be sent to the Department of Revenue by the seventh (7 th) working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
31	Transaction Type	1	Y	A/N	This field is used for the type of data load being performed. The only option is "F" for full load. Options may be expanded in the future.
32	Policy Number	25	Y	A/N	This is the policy number for the insured vehicle.
57	Policy Effective Date	8	Y	N	This date, in CCYYMMDD format, is the date the policy took effect.
65	Policy Termination Date	8	Y	N	This date, in CCYYMMDD format, is the date after which the policy will no longer be in effect.
73	Vehicle Make	5	Y	A/N	This field is the vehicle make. (Ex. Ford, Chevrolet, etc.)
78	Vehicle Year	4	Y	N	This is the four-digit year in which the vehicle was manufactured in CCYY format.

APPENDIX A

Record #2 through End-of-Data (Detail) Layout (Cont'd)					
Character Position	Data Element	Field Length	Req'd (Y/N)	A,N A/N	Description
82	VIN (Vehicle Identification Number)	26	Y	A/N	Motor vehicles have their own unique Vehicle Identification Numbers. (Since the early 1980's, this has been 17 alphanumeric characters long. Vehicles built prior to that time may have VINs with fewer characters). This field length is set to 26 characters to allow for future expansion.
108	Policy Owner Date of Birth	8	Y	N	This field is for the policy owner's date of birth in CCYYMMDD format.
116	Policy Owner Last Name	25	Y	A/N	This field indicates the policy owner's last name.
141	Policy Owner First Name	15	N	A/N	This field indicates the policy owner's first name.
156	Policy Owner Middle Name	12	N	A/N	This field indicates the policy owner's middle name or middle initial.
168	Policy Owner Suffix	3	N	A/N	This field indicates the policy owner's suffix (Jr., Sr., II, III, etc.).
171	Policy Owner Address 1	30	Y	A/N	This is the house number and street identification, or P.O. Box, for the policy owner.
201	Policy Owner Address 2	30	N	A/N	This is for extra parts of the policy owner's address. (I.e. Apartment Number, Suite Number, etc.) If the policy owner 's address is out of the country this is used for the city name.
231	Policy Owner City	20	Y	A/N	This is the city in which the above address for the policy owner resides. If the policy owner 's address is out of the country this is used for the country name.
251	Policy Owner State	2	Y	A	This is the state in which the policy owner resides. This is in the format of the standard USPS state abbreviations. If the policy owner 's address is out of the country, the code "XX" is entered here.
253	Policy Owner Zip Code	9	Y	A/N	This is the USPS ZIP Code for the address of the policy owner addressed above. The 5-digit ZIP Code, at a minimum, is required. If ZIP+4 is used, the dash or space must be omitted. Either format is acceptable.
262	Policy Owner Licensing State	2	Y	A	This is the state in which the driver's license was issued (using the USPS standard state abbreviation.) If the policy owner 's address is out of the country, the code "XX" is entered here.
264	Policy Owner DL Number	25	Y	A/N	This is the Driver's License number for the policy owner.
289	Policy Owner Social Security Number	9	Y	N	This field is for the policy owner's Social Security Number, with dashes and spaces omitted. NOTE: SSN is required only if the policy owner is not licensed.
298	Insurer Use Only	10	N	A/N	This field is for insurance company use only.
308	Filler	43	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

APPENDIX A

Record End-of-Data + 1 (Trailer) Layout					
Character Position	Data Element	Field Length	Req'd (Y/N)	A,N A/N	Description
1	Record Type	1	Y	A	The last record received, regardless of the media type, will include a "T" for Trailer record format.
2	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the first of the month.
15	Reporting Period - End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the date of the last day of the month. (CCYY0131, CCYY0228 or CCYY0229, CCYY0331, CCYY0430, CCYY0531, CCYY0630, CCYY0731, CCYY0831, CCYY0930, CCYY1031, CCYY1130, CCYY1231)
23	Record Count	7	Y	N	This field is for the insurance company to report the number of data records transmitted. A field length of seven (7) allows for the transmission of up to 9,999,999 records in one batch. **Please do not include the header and the trailer records in the count. It is only for the data records. This field must be completely filled (use leading zeros to fill in the spaces not used).
30	Filler	321	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

APPENDIX B

Missouri Flat File Error File Layout and Description

Record #1 Header Layout					
Character Position	Data Element	Field Length	Req'd (Y/N)	A, N A/N	Description
1	Record Type	1	Y	A	The first record received, regardless of the media type, will include an "H" for Header record format.
2	Transmission Method	1	Y	A	The method received from the Insurance Company. Options are: T = Tape, D = Diskette, C = CD-ROM, I = Internet file transfer, S = Spreadsheet and P = Paper (for data entry within DOR)
3	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
8	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the first of the month.
16	Reporting Period - End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the date of the last day of the month. (CCYY0131, CCYY0228 or CCYY0229, CCYY0331, CCYY0430, CCYY0531, CCYY0630, CCYY0731, CCYY0831, CCYY0930, CCYY1031, CCYY1130, CCYY1231)
24	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the seventh (7 th) working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
32	Error Codes	6	Y	N	Up to 3 " hard " error codes may be placed in this field so that the insurance company knows why the record was returned. Each error code is two (2) characters in length and strung together.
38	Filler	313	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

APPENDIX B

Record #2 through End-of-Data Layout					
Character Position	Data Element	Field Length	Req'd (Y/N)	A,N A/N	Description
1	Record Type	1	Y	A	The second record through the end-of-data received, regardless of the media type, will include a "D" for data record format.
2	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the first of the month.
15	Reporting Period - End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The monthly transmission would be first to last day of the month. This field must be the date of the last day of the month. (CCYY0131, CCYY0228 or CCYY0229, CCYY0331, CCYY0430, CCYY0531, CCYY0630, CCYY0731, CCYY0831, CCYY0930, CCYY1031, CCYY1130, CCYY1231)
23	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the seventh (7 th) working day of every month. The format of this field is CCYYMMDD.
31	Transaction Type	1	Y	A/N	This field is used for the data type of transaction being performed. The only option is "F" for full load. Options may be expanded in the future.
32	Policy Number	25	Y	A/N	This is the policy number for the insured vehicle.
57	Policy Effective Date	8	Y	N	This date, in CCYYMMDD format, is the date the policy took effect.
65	Policy Termination Date	8	Y	N	This date, in CCYYMMDD format, is the date after which the policy will no longer be in effect.
73	Vehicle Make	5	Y	A/N	This field is the vehicle make. (Ex. Ford, Chevrolet, etc.)
78	Vehicle Year	4	Y	N	This is the four-digit year in which the vehicle was manufactured in CCYY format.
82	VIN (Vehicle Identification Number)	26	Y	A/N	Motor vehicles have their own unique Vehicle Identification Numbers. (Since the early 1980's, this has been 17 alphanumeric characters long. Vehicles built prior to that time may have VINs with fewer characters). This field length is set to 26 characters to allow for future expansion.

APPENDIX B

<i>Record #2 through End-of-Data Layout (Cont'd)</i>					
Character Position	Data Element	Field Length	Req'd (Y/N)	A,N, A/N	Description
108	Policy Owner Date of Birth	8	Y	N	This field is for the policy owner's Date of Birth in CCYYMMDD format.
116	Policy Owner Last Name	25	Y	A/N	This field indicates the policy owner's last name.
141	Policy Owner First Name	15	N	A/N	This field indicates the policy owner's first name.
156	Policy Owner Middle Name	12	N	A/N	This field indicates the policy owner's middle name or middle initial.
168	Policy Owner Suffix	3	N	A/N	This field indicates the policy owner's ancestry (Jr., Sr., II, III, etc.).
171	Policy Owner Address 1	30	Y	A/N	This is the house number and street identification for the owner of the policy.
201	Policy Owner Address 2	30	N	A/N	This is for extra parts of the policy owner's address. (I.e. Apartment Number, Suite Number, etc.) If the policy owner 's address is out of the country this is used for the name of the city.
231	Policy Owner City	20	Y	A/N	This is the city in which the above address for the policy owner resides. If the policy owner 's address is out of the country this is used for the name of the country.
251	Policy Owner State	2	Y	A	This is the state in which the above address for the policy owner resides. This is in the format of the standard USPS state abbreviations. If the policy owner 's address is out of the country, the code "XX" is entered here.
253	Policy Owner Zip Code	9	Y	A/N	This is the USPS ZIP Code for the address of the policy owner addressed above. The 5-digit ZIP Code, at a minimum, is required. If ZIP+4 is used, the dash or space must be omitted. Either format is acceptable.
262	Policy Owner Licensing State	2	Y	A	This is the state in which the driver's license was issued. This is in the format of the standard USPS state abbreviations. If the policy owner 's address is out of the country, the code "XX" is entered here.
264	Policy Owner DL Number	25	Y	A/N	This is the Driver's License number for the policy owner.
289	Policy Owner Social Security Number	9	Y	N	This field is for the policy owner's Social Security Number, with dashes and spaces omitted. NOTE: SSN is required only if the policy owner is not licensed.
298	Insurer Use Only	10	N	A/N	This field if for insurance company use only.
308	Error Code(s)	24	Y	N	Up to 12 "soft" error codes may be placed in this field so that the insurance company knows why the record was returned. Each error code is 2 characters in length and strung together.
332	Filler	19	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

APPENDIX B

Record End-of-Data + 1 (Trailer) Layout					
Character Position	Data Element	Field Length	Req'd (Y/N)	A,N,A/N	Description
1	Record Type	1	Y	A	The last record received, regardless of the media type, will include a "T" for Trailer record format.
2	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The monthly transmission would be 1st to last day of the month. This field must be the 1st of the month.
15	Reporting Period - End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The monthly transmission would be 1st to last day of the month. This field must be the date of the last day of the month. (CCYY0131, CCYY0228 or CCYY0229, CCYY0331, CCYY0430, CCYY0531, CCYY0630, CCYY0731, CCYY0831, CCYY0930, CCYY1031, CCYY1130, CCYY1231)
23	Record Count	7	Y	N	This field is for the insurance company to report the number of data records transmitted. A field length of seven (7) allows for the transmission of up to 9,999,999 records in one batch. **Please do not include the header and the trailer records in the count. It is only for the data records. This field must be completely filled (use leading zeros for the spaces not used).
30	Filler	321	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

APPENDIX C

Error Codes and Corrective Action

Error Code	Name of Error Code	Description of Error
01	Record Type Invalid	Options are H for Header, D for Data or T for Trailer. Record Type invalid or missing, cannot determine record information. "Hard" error.
02	Transmission Method Invalid	Options are T for Tape, D for Diskette, C for CD-ROM, I for Internet File Transfer, S for Internet-based Spreadsheet and P for Paper. Cannot determine the method to use. "Hard" error.
03	Reporting Period Invalid	CCYYMM format required. Reporting Period is the month prior to the processing month. Correct date for this reporting cycle. "Hard" error for header record. "Soft" error for detail record. (I.e., data for March '01 transmitted in June '01 would be unacceptable.)
04	Reporting Period Duplicate Submission	Reporting Period has already been transmitted for the processing month. "Hard" error.
05	Transmission Date Invalid	CCYYMMDD format required. Correct/Include date for this transmission cycle. "Hard" error.
06	Reserved for Future Use	Error code not currently used.
07	Record Count Missing	9999999 format. Required field used to determine that the number of records reported matches the number of records received and processed. "Hard" error.
08	Record Count Mismatch	Reported Record Counts and Actual (processed) Record Counts MUST match. "Hard" error.
09	NAIC Number Invalid	Correct/Include 5-character NAIC Number. Use correct code from NAIC table. "Hard" error.
10	Policy Number Missing	Format - 25 Characters. Include Policy Number. "Soft" error.
11	Policy Effective Date Invalid	CCYYMMDD format. Correct/Include Policy Effective Date. "Soft" error.
12	Policy Termination Date Invalid	CCYYMMDD format. Correct Policy Termination Date. "Soft" error.

APPENDIX C

Error Code	Name of Error Code	Description of Error
13	Vehicle Make Missing	Include Vehicle Make. (E.g., Ford, Chevrolet, etc.) “Soft” error.
14	Vehicle Make Invalid	For Future Use.
15	Vehicle Year Invalid	CCYY format. Correct/Include Year Vehicle. “Soft” error.
16	Vehicle Identification Number (VIN) Missing	Include Vehicle Identification Number (VIN). “Soft” error.
17	Vehicle Identification Number (VIN) Invalid	For Future Use.
18	Policy Owner's Date of Birth Invalid	CCYYMMDD format. Correct/Include Policy Owner's Date of Birth. “Soft” error.
19	Policy Owner's Last Name Missing	Include Policy Owner's Last Name. “Soft” error.
20	Policy Owner's Address Missing	Include Policy Owner's Address. (House number and street identification.) “Soft” error.
21	Policy Owner's City Missing	Include Policy Owner's City. “Soft” error.
22	Policy Owner's State Invalid	Correct/Include Policy Owner's State using the 2-character USPS abbreviation or “XX.” “Soft” error.
23	Policy Owner's Zip Code Invalid	Correct/Include Policy Owner's Zip Code in 999999999 format. "ZIP+4" (last four numbers) is optional, omitting dash and/or space. “Soft” error.
24	Policy Owner's Licensing State Invalid	Correct/Include the State for which the Policy Owner's License was issued using the 2-character USPS abbreviation or “XX.” “Soft” error.
25	Policy Owner's Driver's License Number Missing	Include Policy Owner's <u>Driver's License Number</u> . “Soft” error. <i>NOTE: This field is not required, but if the owner is not licensed, the Social Security Number <u>must</u> be included.</i>
26	Policy Owner's Social Security Number Invalid	Include Policy Owner's <u>Social Security Number</u> . “Soft” error. <i>NOTE: This field is not required, but if the owner is not licensed, the Social Security Number <u>must</u> be included.</i>

APPENDIX D

MO Flat File Format Sample Data

Record #1 (Header) Layout

Character Position	Data Element	Field Length	Sample Data 1	Sample Data 2
1	Record Type	1	H	
2	Transmission Method	1	T	
3	NAIC Number	5	12345	Not Applicable. Header for transmission of ALL data.
8	Reporting Period - Begin	8	20001001	
16	Reporting Period - End	8	20001031	
24	Transmission Date	8	20001107	
32	Filler	319	(319 BLANKS)	
Resulting Dataset Name: T12345200010012000103120001107				

Record 2 through End-of-Data (Detail) Layout

Character Position	Data Element	Field Length	Sample Data 1	Sample Data 2
1	Record Type	1	D	D
2	NAIC Number	5	12345	12345
7	Reporting Period - Begin	8	20001001	20001001
15	Reporting Period - End	8	20001031	20001031
23	Transmission Date	8	20001107	20001107
31	Transaction Type	1	F	F
32	Policy Number	25	018070040'10/13''''''''	040070810'10/13''''''''
57	Policy Effective Date	8	20001013	20001023
65	Policy Termination Date	8	20011012	20011022
73	Vehicle Make	5	FORD1	CHEVY
78	Vehicle Year	4	2000	1997
82	VIN	26	12DS3459JN0111234''''''''	322DIK33K50794132''''''''
108	Policy Owner Date of Birth	8	19750731	19431205
116	Policy Owner Last Name	25	JONES''''''''''	SMITH''''''''''
141	Policy Owner First Name	15	JOHN''''''''	MARY''''''''
156	Policy Owner Middle Name	12	Q''''''''	SUE''''''''
168	Policy Owner Suffix	3	JR.	"
171	Policy Owner Address 1	30	123'ANY'STREET''''''''	49888'5TH'AVENUE''''''''
201	Policy Owner Address 2	30	APT.'105''''''''	''''''''''
231	Policy Owner City	20	JEFFERSON'CITY''''''	COLUMBIA''''''''
251	Policy Owner State	2	MO	MO
253	Policy Owner Zip Code	9	987654321	67676'''
262	Policy Owner Licensing State	2	MO	'
264	Policy Owner Missouri DL Number	25	219434333''''''''	''''''''''
289	Policy Owner Social Security Number	9	''''''''	233994434
298	Insurer Use Only	10	0123456789	0123456789
308	Filler	43	(43 BLANKS)	(43 BLANKS)

Sample Data # 1 Results D12345200010012000103120001107F018070040'10/13''''''''2000101320011012FORD1200012DS3459JN0111234''''''''19750731JONES''''''''''J
OHN''''''''Q''''''''JR.123'ANY'STREET''''''''APT.'105''''''''JEFFERSON'CITY''''''MO987654321MO219434333''''''''01234567890(43
BLANKS)

Sample Data # 2 Results D12345200010012000103120001107F040070810'10/13''''''''2000102320011022CHEVY1997322DIK33K50794132''''''''19431205SMITH''''''''''M
ARY''''''''SUE''''''''49888'5TH'AVENUE''''''''COLUMBIA''''''''MO67676''''''''2339944340123456789(43 BLANKS)

Record End-of-Data + 1 (Trailer) Layout

Character Position	Data Element	Field Length	Sample Data 1	Sample Data 2
1	Record Type	1		T
2	NAIC Number	5		12345
7	Reporting Period - Begin	8	Not Applicable. Trailer for transmission of ALL data.	20001001
15	Reporting Period - End	8		20001031
23	Record Count	7		0000002
30	Filler	321		(321 BLANKS)
Sample Data 2 Results T1234520001001200010312''''''(321 BLANKS)				

NOTE: In example above, " ' " (an apostrophe) indicates a "blank" entered into the data field.

RESERVED FOR FUTURE USE.



Sample Data Entry Form Header Sheet

Missouri Enhanced Sampling Program (ESP) <i>HEADER SHEET</i>		
INSTRUCTIONS		
<ul style="list-style-type: none"> Type or print information legibly Complete one cover sheet for each company's data submitted. Data element definitions and specifications are found in the "Missouri Enhanced Sampling Program (ESP) User's Guide." ALL <u>dates</u> are in CCYYMMDD format, e.g., 20040531. Mail completed form to: <div style="margin-left: 40px;"> Department of Revenue Division of Motor Vehicle & Drivers Licensing ATTN: Enhanced Sampling Program P. O. Box 3366 301 W. High Street Room 270 Jefferson City, MO 65105 </div> 		
INSURANCE COMPANY INFORMATION		
Insurance Company Name (As shown in the NAIC table.)	1. NAIC Number (NAIC table)	
2. Insurance Company Address (25 A/N)		
3. Insurance Company Address (25 A/N)		
4. City (25 A/N)	5. State (2 A)	6. Zip Code (9 N)
REPORTING DATES		
7. Beginning Reporting Period	8. Ending Reporting Period	9. Transmission Date
SUBMISSION INFORMATION		
10. Number of data sheets submitted (no more than 100 policies)		11. Date Mailed
CONTACT INFORMATION		
13. Contact Person's Name		14. Position
15. Telephone Number () --	16. E-Mail Address	17. FAX Number () --
RESERVED FOR STATE USE		
Date Received	Date Processed	1.1. Processing Code
Number Processed	Number of Sheets in Error (see returned sheets)	

Sample Data Entry Form

Missouri Enhanced Sampling Program (ESP)			
<i>DATA SHEET</i>			
INSTRUCTIONS			
<ul style="list-style-type: none"> Type or print information legibly Complete one sheet for each insured vehicle submitted. Data element definitions and specifications are found in the <i>"Missouri Enhanced Sampling Program (ESP) User's Guide."</i> ALL <u>dates</u> are in CCYYMMDD format, e.g., 20040531. Mail completed form to: <div style="margin-left: 40px;"> Department of Revenue Division of Motor Vehicle & Drivers Licensing ATTN: Enhanced Sampling Program P. O. Box 3366 301 W. High Street Room 270 Jefferson City, MO 65105 </div> 			
INSURANCE COMPANY INFORMATION			
Insurance Company Name (As shown in the NAIC table.)		1. NAIC Number (NAIC table)	
REPORTING DATES			
2. Beginning Reporting Period		3. Ending Reporting Period	
		4. Transmission Date	
POLICY INFORMATION			
5. Policy Number (25 A/N)		6. Effective Date	
		7. Termination Date	
VEHICLE INFORMATION			
8. Vehicle Make (From table)		9. Vehicle Year (CCYY)	
		10. Vehicle Id. Number (VIN) (26 A/N)	
POLICY OWNER INFORMATION			
11. Date of Birth		12. Last Name (25 A/N)	
13. First Name (15 A/N)		14. Middle Name (12 A/N)	
		15. Suffix (3 A/N)	
16. Address 1 (30 A/N)			
17. Address 2 (30 A/N)			
18. City (20 A/N)		19. State (2A)	
		20. Zip Code (5 or 9 N)	
21. DL Sate. (2A)		22. Driver's License No. (25 A/N)	
		23. SSN (9 N)	

APPENDIX G

Sample Missouri Insurance Partners Information Sheet

Missouri Enhanced Sampling Program (ESP)

Missouri Insurance Partners Information Sheet (MIPIS)

Company Information

Company Name			
NAIC Code			
Address Line 1			
Address Line 2			
City			
State & Zip			
Primary Phone	() --	Ext:	
Primary Fax	() --		
Date (mm/dd/yy)			

NOTE: Each company must report using its unique NAIC Code. One Information Sheet must be submitted for each NAIC Code.
Please type or print legibly.

Point of Contact (POC) Information

Contact Type	Business Issues	Technical Issues
Individual's Name		
Address, if different from above		
Phone, if different from above		
Fax, if different from above		
E-mail Address		

Reporting Information

How do you plan to report your insurance information to the Department of Revenue (DOR)?

MEDIA: Tape _____ CD-ROM _____ Internet (file transfer via SSL) _____
Diskette* _____ Internet Spreadsheet** _____ Paper** _____

NOTE: * = Only available to companies submitting <3500 records.
** = Only available to companies with <100 Missouri policies in force.

Estimated number of private passenger **vehicle records** your company will be sending to DOR? _____

Please mail/fax/email completed form to:
Department of Revenue
Division of Motor Vehicle & Driver Licensing
Attn: Enhanced Sampling Program
P.O. Box 3366
301 West High Street, Room 270
Jefferson City, MO 65105
Fax#: 573-526-4774
Email: <mailto:Enhanced.Sampling@dor.mo.gov>

See instructions on next page.

APPENDIX G (CONT.)

Instructions for the **Department of Revenue's Enhanced Sampling Program (ESP)** **Missouri Insurance Partners Information Sheet (MIPIS)**

Notes:

- Submit one Missouri Insurance Partners Information Sheet (MIPIS) for each company (NAIC Code) for which you will submit data. Example: If your company will submit reports for five (5) companies, then submit five (5) MIPIS forms.
- Please type or legibly print MIPIS forms.

Company Information:

- **Name and NAIC Code:** *List exactly as shown by NAIC.*
- **Address:** *List the mailing address for the company's main office.*
- **Phone:** *List the primary company number.*
- **Primary Fax:** *List the facsimile number located in the company's main office.*

Point of Contact (POC) Information:

- The individual(s) listed is/are the one(s) DOR will contact if there are problems or questions about your company's data.
- If an individual is identified for both Business and Technical Issues, complete the "Business Issues" column and only entering "**SAME**" in the name block of the "Technical Issues" column.

Reporting Information:

- The Reporting Information Section will help the department be better prepared to receive and process your company's data. Your company will not be bound by your initial selection and may change the media selected at any time.

Companies can report using any combination of format and media.

NOTES:

Spreadsheet and paper format reporting are only available to companies with <100 Missouri liability policies in force.

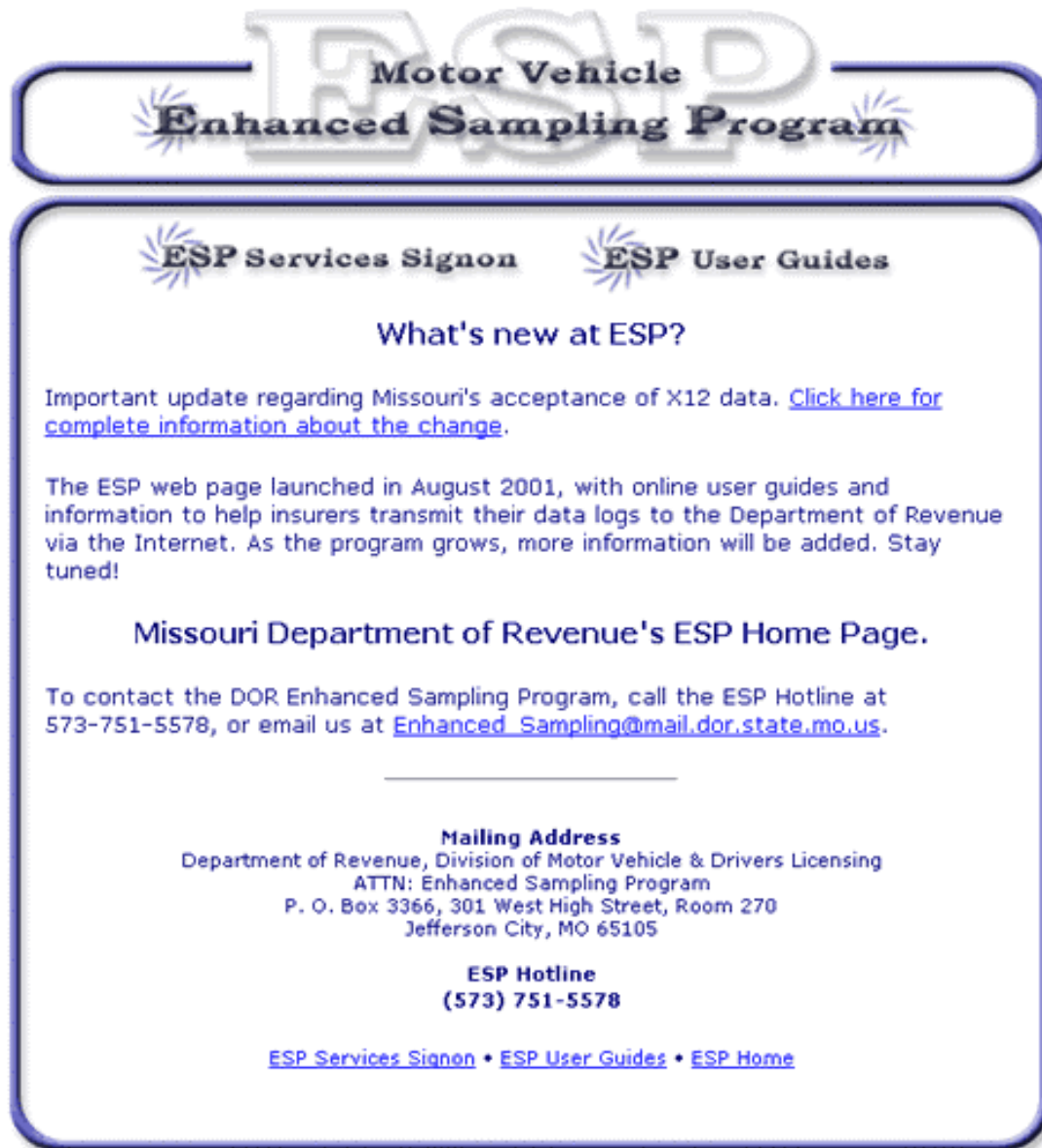
- ***1.44MB Diskettes*** are available to companies with <3500 records.
- Exact ***media specifications*** are outlined in the Enhanced Sampling Program's Reporting Guide.
- ***File transfer*** will be via the Internet using Secure Socket Layer to protect the data.

For questions regarding this form, please call: 573-751-5578

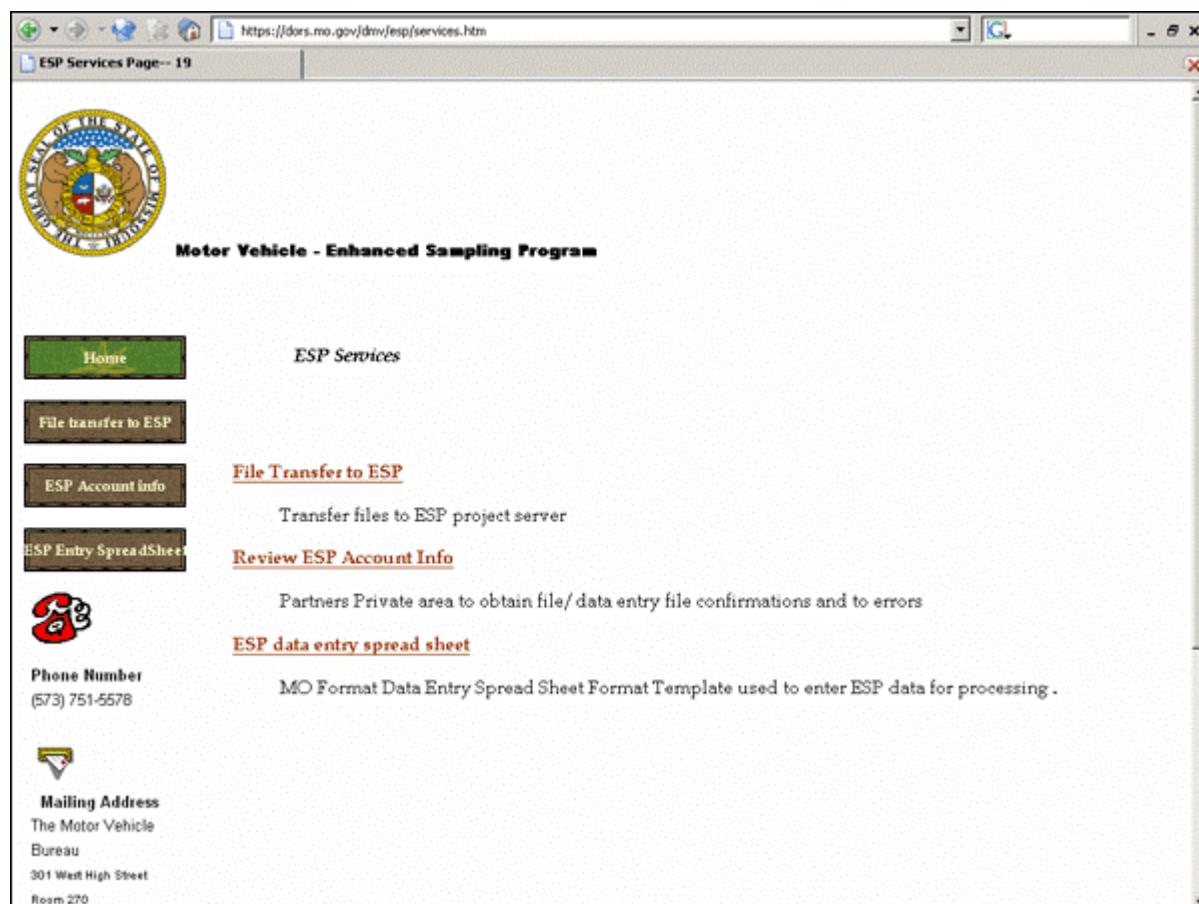
-- or --

send an e-mail to Enhanced_Sampling@dor.mo.gov


INTERNET WEB PAGE SCREENS




APPENDIX H (cont'd)



APPENDIX H (cont'd)



Motor Vehicle Enhanced Sampling Program



ESP User Guides

General information relating to the history, procedures and processing of insurance partner data

- [Word doc format: Users Guide](#)
- [HTML format: Users Guide](#)

Missouri Insurance Partners Information Form

Insurance Partners general information required to enroll into the program

- [Word Doc format: Missouri Insurance Partners Information Sheet](#)
- [HTML format: Missouri Insurance Partners Information Sheet](#)

ESP Data Entry Form

Insurance Company Reporting Missouri Format - Data Entry Form

- [Word Doc format: Paper Report Form](#)
- [HTML format: Paper Report Form](#)

[ESP Services Signon](#) • [ESP User Guides](#) • [ESP Home](#)

[Table of Contents](#) | [1.0](#) | [2.0](#) | [3.0](#) | [4.0](#) | [5.0](#) | [Glossary](#) | [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F1](#) | [F2](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [ESP Home Page](#)

APPENDIX I

Internet Spreadsheet Screens

https://dors.state.mo.us/dmv/esp/cert/ESP_ProcessDate.jsp - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History

Address https://dors.state.mo.us/dmv/esp/cert/ESP_ProcessDate.jsp

Please complete the form.

NAIC 10000

Previous Report Period Begin (YYYY-MM-DD)

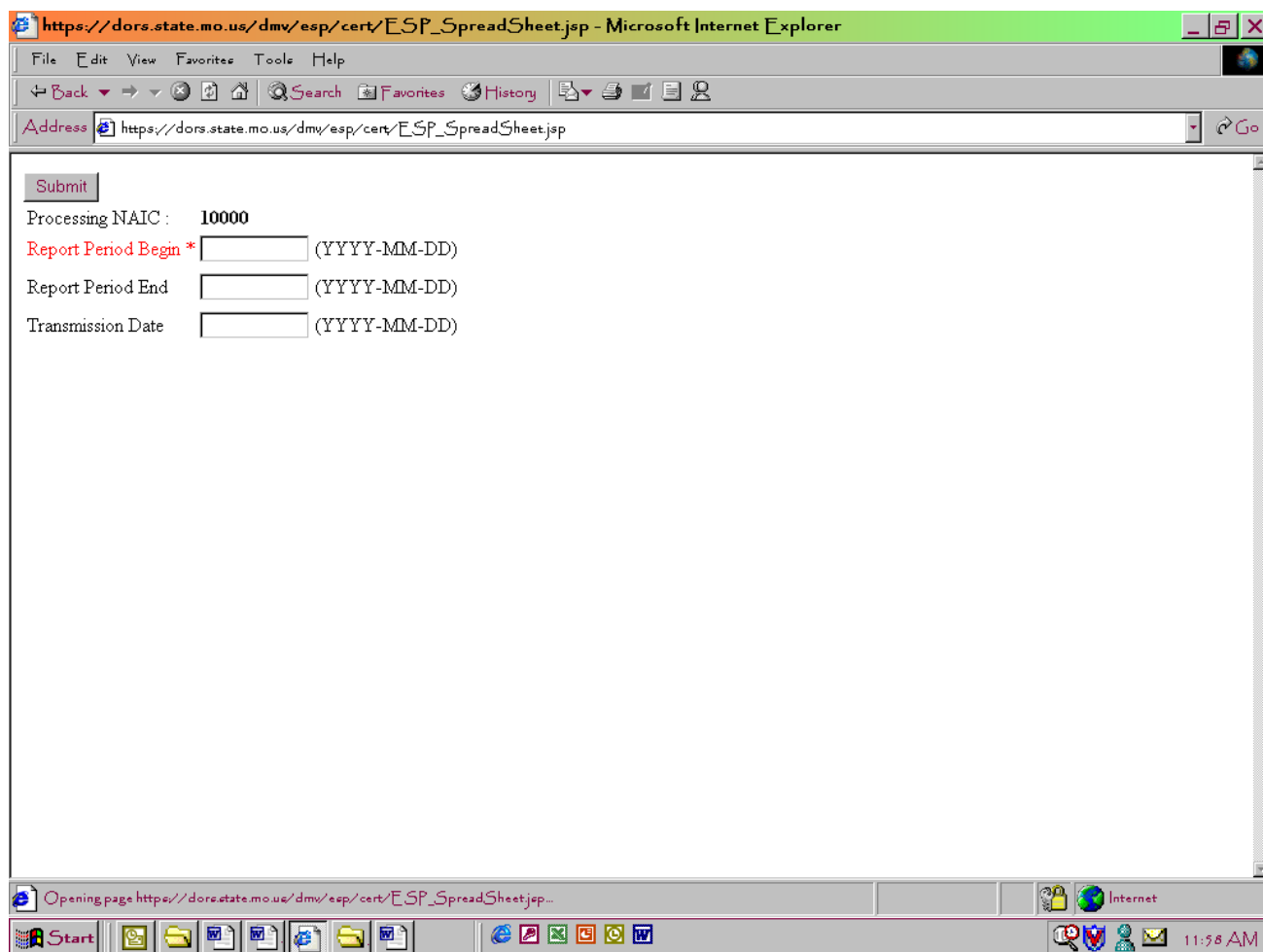
Submit Reset

Done Internet

Start

11:58 AM

APPENDIX I (cont'd.)



APPENDIX I (cont'd.)

Submit

Processing NAIC : 10000

Report Period Begin *(YYYY-MM-DD)

Report Period End(YYYY-MM-DD)

Transmission Date(YYYY-MM-DD)

Delete Policy Number	Policy Effective Date (YYYY-MM-DD)	Policy Termination Date (YYYY-MM-DD)	Vehicle Make	Vehicle Year	VIN +	DOB (YYYYMMDD)	Last Name	First Name	Middle Name	Name Suffix	Address 1	Address 2	City	State	Zip Code	Licensing State	Driver License Number	SSN	Insurer Use
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
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<input type="checkbox"/>																			

APPENDIX J

MEDIA CONTROL NUMBER (MCN)

Field No.	Data Element	Field Length	Format	Description
1	Transmission Method	1	Alpha	<u>T</u> ape, <u>C</u> D-ROM, or <u>D</u> iskette
2	NAIC Number	5	Alpha/Numeric	The unique, nationally recognized number that identifies the Insurance Company.
3	Reporting Period – Begin	8	CCYYMMDD	The first day of the reporting period. Normally, this would be the first day of the reporting month.
4	Reporting Period – End	8	CCYYMMDD	The last day of the reporting period. Normally, this would be the last day of the reporting month.
5	Transmission Date	8	CCYYMMDD	The date upon which the <u>transmission</u> to the Missouri Department of Revenue is being made.
<p>The above field numbers would generate the following MCNs:</p> <p><u>T</u>ape = T2222233333334444444455555555</p> <p><u>C</u>D ROM = C2222233333334444444455555555</p> <p><u>D</u>iskette = D2222233333334444444455555555</p>				

APPENDIX K

MAGNETIC MEDIA LABEL SAMPLE

MCN: X222223333333334444444455555555

*[*see appendix J]*

Insurance Company Name

Company Street Address/PO Box

Company Street Address 2

Company City, State, ZIP Code

Volume Serial Number: XXXXXXXXXX

[Only used for companies reporting by tape]